

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L14000102430

1. Limited Liability Company's Name  
Wild Dandelion LLC

200421712702  
01/11/24--01005--011 4498.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #  
204 37th Ave N

3. Mailing Office Address  
204 37th Ave N

Suite, Apt. #, etc  
124

Suite, Apt. #, etc  
124

City & State  
St Petersburg, FL

City & State  
St. Petersburg, FL

Zip Country  
33704 USA

Zip Country  
33704 USA

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida 06/30/2014

6. FEI Number  
47-2817892

☐ Applied For  
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required  
for a certificate of status

8. Name and Address of Current Registered Agent

Name  
Christopher Kelly Brigand Solutions LLC

Street Address (P O Box Number is Not Acceptable) Suite,  
8691 Sommerset Dr

Apt. #, Etc.

City State Zip Code  
Largo FL 33773

2024 MAR 14 PM 3:30

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

Date March 23, 2023

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representative Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Talia Krugman-Kadi	204 37th Ave N #124	St Petersburg, FL 33704

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

3/23/2023

Daytime Phone #

352-870-0618